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ID TAG NO.STATE OF OREGON  
OREGON STATE HEALTH DIVISION  
DEPARTMENT OF HUMAN SERVICES  
Vital Records Unit

Vol. M86 Page 10325

## CERTIFICATE OF DEATH

State File Number

TYPE  
OR PRINT  
IN  
PERMANENT  
BLACK  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOKIF DEATH  
OCCURRED IN  
INSTITUTION,  
SEE HANDBOOK  
REGARDING  
COMPLETION OF  
RESIDENCE ITEMS

## DISPOSITION

## CERTIFIER

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LASTCAUSE OF  
DEATH

DECEASED - NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 Frank		C		McCORMICK				2 June 11, 1986	
RACE White, Black, American Indian, etc. (specify)		3 White		AGE - Last birthday (years)		4 Male		5a 78	
CITY, TOWN OR LOCATION OF DEATH		7a Klamath Falls		HOSPITAL OR OTHER INSTITUTION - NAME (if not in either, give street and number)		7b Mt. View Care Center		IF HOSP. OR INST. Indicate DOA, OP/Emr. Rm., Inpatient (specify)	
STATE OF BIRTH (if not in U.S.A., name country)		8 Washington		CITIZEN OF WHAT COUNTRY		9 U.S.A.		10 Married	
SOCIAL SECURITY NUMBER		13 531-10-9789		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14a Heavy Equipment Operator		11b Lumber Mill	
RESIDENCE - STATE		15a Oregon		COUNTY		15b Klamath		15c Klamath Falls	
FATHER - NAME		16 James M. McCormick		MOTHER - first middle last (Maiden Name)		17 Irene - Crawford		18 Mary McCormick, Wife	
BURIAL, CREMATION, REMOVAL, MAUS. (specify)		19a Cremation		CEMETERY OR CREMATORY - NAME		19b Klamath Cremation Service		19c Klamath Falls, Ore.	
FUNERAL SERVICE LICENSEE or acting as such (Signature)		20a [Signature]		NAME AND ADDRESS OF FACILITY		20b QHair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls.		HOUR OF DEATH	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		21a (Signature) [Signature]		21b June 11, 1986		21c 12:43 A. M.		ZIP: 97601	
NAME, TITLE AND ADDRESS OF CERTIFIER (Type or Print)		21d Glenn G. Gailis, M.D., 1905 Main St., Klamath Falls, Ore.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					
DATE RECEIVED BY REGISTRAR (Mo., Day, Year)		22a June 11, 1986		REGISTRAR		22b [Signature]		Interval between onset and death	
IMMEDIATE CAUSE		23 STRONE-		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)]				4 DAYS	
(a) DUE TO, OR AS A CONSEQUENCE OF		(b) ATHERO SCLEROSIS		(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				Interval between onset and death	
PART II		FRACTURED PELVIS ALZHEIMERS		DATE OF INJURY (Mo., Day, Year)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED	
ACCIDENT (Specify Yes or No)		26a INJURY AT WORK (Specify Yes or No)		26b PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		26c LOCATION		26d STREET OR R.F.D. NO. CITY OR TOWN STATE	
26e DID HOSPITAL REPRESENTATIVE MAKE REQUEST FOR ANATOMICAL GIFT CONSENT?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		26f		26g		WAS GIFT MADE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
RESERVED FOR REGISTRAR'S USE									

ORIGINAL-VITAL STATISTICS COPY

45-2 Rev.

STATE OF OREGON  
COUNTY OF KLAMATH

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By [Signature], Deputy Registrar

Date June 14, 1986

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH COUNTY DEPARTMENT OF HEALTH SERVICES

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of \_\_\_\_\_ the 12th day of June A.D., 19 86 at 4:20 o'clock P.M., and duly recorded in Vol. M86 of \_\_\_\_\_ Deeds on Page 10325

FEE \$5.00

By Evelyn Biehn, County Clerk [Signature]